

DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 2

Attorney Docket No. 7882X

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ETHER-CAPPED POLY(OXYALKYLATED) ALCOHOL SURFACTANTS
the specification of which

(check one) ☒ [X] is attached hereto.
☐ [] was filed on _____ as United States Application No. or
PCT International Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes
☐ No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filing Date	Application Serial No.	Filing Date
60/169,569	12/08/99	60/169,706	12/08/99

I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Associate Power

Name	Reg. No.	Associate Power of Attorney Attached	Name	Reg. No.	Associate Power of Attorney Attached
Richard S. Echler, Sr.	41,006	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	T. David Reed	32,931	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Kim William Zerby	32,323	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Timothy B. Guffey	41,048	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Brian M. Bolam	37,513	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Eileen L. Hughett	34,352	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C. Brant Cook	39,151	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Emelyn L. Hiland	41,501	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I. S. Robinson	43,348	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
S. W. Miller	31,984	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SEND CORRESPONDENCE TO:

Agent's Name: Ian S. Robinson

The Procter & Gamble Company

(513) 627-0258

Company Name

Phone No.

11810 East Miami River Road

Cincinnati

Ohio

45252

Street

City

State

Zip Code

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor Mark Robert Sivik

Inventor's signature _____

Date _____

Residence 2434 Sheffield Ct, Ft. Mitchell, KY 41014

Citizenship USA

Post Office Address 2434 Sheffield Ct, Ft. Mitchell, KY 41014

Full name of second joint inventor, if any Glenn Thomas Jordan, IV

Inventor's signature _____

Date _____

Residence 5750 Ridgeview Drive, Indian Springs, OH 45011

Citizenship USA

Post Office Address 5750 Ridgeview Drive, Indian Springs, OH 45011

Full name of third joint inventor, if any Bernard William Kluesener

Inventor's signature _____

Date _____

Residence 11619 New Biddinger Road, Harrison, OH 45030

Citizenship USA

Post Office Address 11619 New Biddinger Road, Harrison, OH 45030

Full name of fourth joint inventor, if any William Michael Scheper

Inventor's signature _____

Date _____

Residence 2393 Picnic Woods Drive, Lawrenceburg, IN 47025

Citizenship USA

Post Office Address 2393 Picnic woods Drive, Lawrenceburg, IN 47025

Full name of fifth joint inventor, if any Donna Jean Haeggberg

Inventor's signature _____

Date _____

Residence 2067 Greenpine Drive, Cincinnati, OH 45231

Citizenship USA

Post Office Address 2067 Greenpine Drive, Cincinnati, OH 45231

Full name of sixth joint inventor, if any Kristen Lynne McKenzie

Inventor's signature _____

Date _____

Residence 5365 Harvestdale Drive, Mason, OH 45040

Citizenship USA

Post Office Address 5365 Harvestdale Drive, Mason, OH 45040

(Decl.doc)

REVISED 12/97

PO(Same as Residence) 12/997882XDeclaration.doc